



## Board of County Commissioners

### Boulder County Affordable Care Act Implementation Priorities

July 8, 2013

#### Budget priorities

- **Enhanced match for Medicaid** – New Federal guidance from CMS permits states to claim an enhanced federal match for Medicaid activities including intake, acceptance, and eligibility determination, outputs to clients, ongoing case maintenance, customer services and maintenance and routine updates.
  - To implement, the state must submit an Operations APD to CMS that clearly identifies the functions, staff and costs to be charged at the 75 percent FFP level, and it must be approved by CMS before a state can begin claiming the enhanced match.
  - The enhanced match is available as soon as July 1, 2013 for costs associated with the training of eligibility workers directly engaged in the operation of the new eligibility system. An APD update would be required to document the costs, scope and timing of the training period, which will be reviewed and approved by CMS prior to a state being eligible to claim the enhanced match.
  - Because the FY 2013-14 budget includes funding for these programs at the current Medicaid match, the state would need to submit a budget supplemental request to retain the original match funding to be reinvested in the administrative costs for the Medicaid expansion.
  - Education of the JBC regarding this opportunity and the funding needs for counties based on the caseload assignment shifts that will be occurring with the Medicaid expansion.
- **RMS system analysis and redevelopment** – currently, the mechanism used by the State to capture the time allocation (and ultimately funding allocation) for county staff conducting eligibility and enrollment for public benefits program (called RMS, Random Moment Sampling) is being evaluated by HCPF.
  - Evaluation of current program and determination of program needs moving forward should include the input of CDHS and Counties.
  - Program redesign should include considerations for the implementation of the ACA and the associated funding sources.
  - Counties and CDHS should provide input on the RFP for any new vendor selected to redesign and/or operate the program.
  - Counties are able to report in two ways – time reporting (through RMS) or 100% time reporting (documentation of employee time to the 15 minute increment). Improve the mechanism and opportunities for 100% time reporting by employees involved in Medicaid enrollment activities to ensure that the reporting accurately captures the funding required to support the services provided.



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## Policy priorities

### **Auto-enrollment of SNAP clients in Medicaid**

- SNAP eligibility requires gross household income not to exceed 130% FPL. CMS is offering states the opportunity to streamline the enrollment of non-elderly, non-disabled SNAP participants into Medicaid.
- The state can request to use such streamlined enrollment procedures for a set period of time, based on individual state needs, through the end of CY 2015.
- Permitting counties to automatically enroll SNAP clients in Medicaid, through one of several mechanisms that have been approved by US HHS, would significantly reduce the administrative costs of enrollment.
- In order to implement this strategy, CO will need to request a waiver under section 1902(e)(14)(A) authority to enroll non-elderly, non-disabled SNAP participants into Medicaid. The state will need to explain why such a procedure is needed to better implement its eligibility and enrollment system and meet its administrative responsibilities.

### **Continuous Eligibility for parents and adults**

- States have long had the option to provide continuous eligibility for children in the Medicaid and CHP+ programs.
- Colorado offers continuous enrollment in Medicaid and CHP+: when a child enrolled in Medicaid becomes over-income during the year may be re-determined eligible for CHP+. The reverse is also true—children who become income ineligible for CHP+ during their guarantee year will be re-determined for Medicaid eligibility should family income hit below the CHP+ income threshold. Children in families whose income rises above the CHP+ income limit remain in the program until their annual redetermination.
- Continuous eligibility guarantees 1 year of uninterrupted enrollment in Medicaid or CHP+ regardless of income changes throughout the coverage year.
- Continuous eligibility promotes medical home and allows for continuity of care.
- Continuous eligibility also mitigates the impact of churn not only between Medicaid and CHP+ but will also minimize churn between the Exchange and Medicaid for adults thereby reducing the administrative burden to the state, counties and simplifying insurance coverage for clients.
- Colorado plans to implement continuous eligibility for children in Medicaid beginning 1/1/14.
- Recent CMS guidance (link in previous section) recommends that states take up this new option of offering continuous eligibility to adults.
- To implement this approach, section 1115 demonstration authority is needed.